

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NEA Advocacy Fund		FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Buying Time		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 650 Massachusetts Ave NW Ste 210		Amount 230000.00	
City Washington	State DC	Zip Code 20001	Transaction ID : B511502
Purpose of Expenditure Development of TV advertising		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1728601.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 3050 K Street NW Suite 100		Amount 1498601.00	
City Washington	State DC	Zip Code 20007	Transaction ID : B511351
Purpose of Expenditure Time purchase for TV advertising		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1728601.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1728601.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1728601.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael Edwards

[Electronically Filed]

Date

MM / DD / YYYY
09 / 05 / 2014

Signature